MAXIMUS Federal Services

Case Number:	CM14-0150247		
Date Assigned:	10/07/2014	Date of Injury:	09/20/2007
Decision Date:	11/18/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year-old male who was injured on 9/20/07 when he fell between two crates. He complained of constant neck and back pain radiating to his left side. On exam, he had moderate spasm of the neck and low back. He has herniated discs of lumbar and cervical spine with numbness of the left side of his body and multiple arthralgias. He had disc bulges flattening the spinal cord at C4-5, disc protrusion at L4-5 abutting the emerging left L5 nerve root. An x-ray of the cervical spine showed mild cervical spondylosis with moderate degenerative joint disease at C1-2 and straightened lordosis. An x-ray of the lumbar spine showed mild dextroscoliosis, severe facet arthropathy at L5 and moderate L4 facet arthopathy, and moderate degenerative joint disease at L5-S1. A pelvic x-ray showed moderate degenerative joint disease at the right hip and mild degenerative joint disease at left hip. He was diagnosed with cervicalgia, cervical radiculopathy, cervical disc displacement, lumbar spine pain, and disc disorder with radiculopathy. He was treated with Duexis, lidocaine, cyclobenzaprine, hydrocodone, Celebrex, and topical analgesic. He also performed home exercises. His pain continued which worsened his depression and he had suicidal ideation addressed by his primary care physician. The patient wanted to see if a cervical collar and lumbar orthosis would improve symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical collar purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173,300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: As per the MTUS guidelines, "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual "preinjury" activities." The patient was injured in 2007, which puts him out of the acute phase where a cervical collar may have been helpful. The patient has numbness of the left side of his body but no clearly documented neurological and musculoskeletal deficits that would improve with a cervical collar. Therefore, this request is considered medically unnecessary.

Lumbar Orthosis Brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has been injured since 2007 so he is currently out of the acute phase. The patient has chronic lower back with radiation and numbness of his left side, but the patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered medically unnecessary.